Revised 06/05

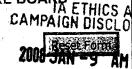
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD ETHICS AND Bequest, or Grant information

DES MOINES, IA 50319 Fax: (515)281-3701 www.lowa.gov/ethics

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the

state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will

provide a copy of this report to the Government Oversight Committee. This form is required to be



FORM-GBG

CAMPAIGN DISCL OSURE OF a department or accepted by the Governor on behalf

of the state

AM 10: 15 For office use only

Indexed

Checked Computer

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

filed within 20 days of receipt of the gift, bequest, or grant.

State Training School		<u> </u>
Name of Department or Office 3211 Edgington Ave.	Eldora, 1A, 50627	
Mailing Address 641-858-5402	City, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPA	RTMENT OR OFFICE:	
Millie Dagit		
(

Name 3211 Edgington Ave.	Eldorn, IA, 50627		
Mailing Address (if different from above)	City, State, Zip (if different from above)		
mdagit@dhs.state.ia.us			
Email Address	Area Code & Telephone Number (if different from above)		

DONOR OF GIFT, BEQUEST, OR GRANT:

Ivester Church of the Bre	thren		
Name			
23588 E. Avenue	Eldora, Iowa 50627		
Mailing Address	City, State, Zip Code	12/31/2007	\$ 257.00
		Date of Gift, Bequest, or Grant	Amount/Value*
Area Code & Telephone Number		*value is defined as "fair market value" of item as determined b receiving department or office. If no value mark "0.00".	
Email Address (optional)			

Provide a description of the gift, bequest, or grant and purpose thereof: Religious activities fund for student birthday parties and misc activities by the pastor. Criteria to use this form: Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I. Mellis Torn 1 affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

mait	1.9-08
Signature	Date